



Action Against Inequality Grant Application

Organization Information

Date:

Organization Name:

Contact Email:

Phone Number:

EIN:

Current Street Address of Organization:

City of Organization:

State of Organization:

Zip Code of Organization:

Does your Organization provide services to East Providence residents?

Yes: No:

Authorized Representative (Print):

Authorized Representative (Signature):

Date of Signature:

By signing, I hereby certify that I have read the scope of services and agree to all requirements of reporting, and tracking information and will provided necessary documentation in a timely manner.